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<input type="checkbox"/> Description <input checked="" type="checkbox"/> Claims <input checked="" type="checkbox"/> Abstract	<input checked="" type="checkbox"/> Information Disclosure Statement(s) Filed on: 1. <input type="checkbox"/> same as 371 request date 2. _____ 3. _____
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<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Verified Small Status Statement
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Date of Completion of DO/ EO 905 - Notification of Missing Requirements

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